



# H.E.F. CANADA QUARTERLY

*The Human Ecology Foundation of Canada*

FALL, 1982

## Contents

Notes From the Editor .....	1
Biographical Sketches .....	4
Branch Reports .....	7
"And So the Story Goes"- Estelle Drolet .....	9
Impressions - Brenda Koski; Margaret R. Schiedel .....	11
A Teen View of Allergy - David Cameron .....	12
Allergy and Stress: Improving the Balance - Dr. J.K. Blair .	14
Allergic Reactions to Chemicals in Our Environment - Dr. John G. MacIennan .....	23
The Ecologically Maladapted and The Management of Stigma - Shirley Smith .....	28
Clean, Potable, Tolerable Water - Dr. J.G. MacIennan .....	39
Your Canada Pension Plan - Marjorie R. Wilcox .....	41
Resource Questionnaire Replies - G. Joy Underwood .....	43
Recommended And/Or New Books - G. Joy Underwood .....	44
Resources Questionnaire - G. Joy Underwood .....	45
Advertising .....	47

The H.E.F. Canada Quarterly

The H.E.F. Canada Quarterly is a publication of The Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. The Quarterly is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of clinical ecology, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does not offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

The Human Ecology Foundation of Canada

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ecological illness. People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its Branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

Subscription and Membership

Membership in the Foundation includes a subscription to The H.E.F. Quarterly, which is produced four times per year. Annual membership and subscription fee \$15.00.

Advertising Policy

Advertisements are for support of the magazine only and do not in any way imply that the Human Ecology Foundation endorses any particular products or services mentioned therein. Readers with multiple sensitivities are advised to assess products carefully for personal compatibility, since individual sensitivities vary widely.

## Notes from the Editor

To: Bruce and Barbara Small

As Bruce Small told you in your last edition of the Quarterly, he and Barbara have resigned as editors of the H.E.F. Quarterly to pursue other interests. I am sure that we all want to wish them luck in their work and to thank them for the time and the effort they have expended on our behalf over the years as they have worked to keep us informed of advances in the field of human ecology, of the aids and resources available to make our lives easier. But, above all, I'm sure we want to thank them for their initiative, for the Quarterly was their brain-child, and for their willingness to share their own experiences with us. It helps to know you aren't struggling alone. It helps to know that what initially looks like a tragedy, that is, the diagnosis of ecologic illness, can be turned into a success story. I want to thank Bruce for his words of wisdom and his help in putting together this issue of the Quarterly.

### Administration

There will be no major changes in the Quarterly, other than those of an administrative nature. An editorial board has been set up, for example, to assist in the preparation of the Quarterly. This issue is somewhat late getting to the printer because of transitional problems. The target dates for submission to the printer are: December 1, 1982, March 1, 1983, June 1, 1983 and September 1, 1983. You should anticipate receiving your copy one month after those target dates.

The purpose behind the Human Ecology Foundation Quarterly is the sharing of information. Accordingly, we are asking each branch to submit a report on the information gleaned from the past quarter's activities as well as activities planned for the next quarter. We are asking the branches and our readers to share experiences, articles, success stories by submitting them for publication in the H.E.F. Quarterly. The deadlines for publication in the next year's issues are: November 1, 1982, February 1, 1983, May 1, 1983 and August 1, 1983. Please forward this material to the head-office in Dundas, Att'n. Shirley Smith  
c/o The Human Ecology Foundation  
of Canada,  
P.O. Box 601,  
Dundas, Ontario, Canada  
L9H 5G1.

### Teen Page

The H.E.F. Quarterly has never addressed itself specifically to the problems of adolescents and young adults. We would like to make a "Teen Page" a regular part of the publication. We desperately need material. David Cameron's article in this issue is the beginning; please, will you share too? We are looking for poetry, cartoons, essays, your views, your experiences as an allergic person. What colleges and universities are sympathetic to your problem? How do you cope with problems at school? How are you making career decisions? In addition, we would like to help you contact other people who have similar interests and concerns. Please note Brenda Koski's query on page 8, therefore.

### Notes and Queries

Do you have questions or suggestions you would like to share with the membership? We will be instituting a "Notes and Queries" section.

### Success Stories

We need success stories; perhaps we should borrow the Toronto branch's motto, "Accentuate the positive". If you have a success story, please submit it for publication.

### Themes

Each issue will contain a series of articles loosely pertaining to some theme. The theme for this issue is "stress", that of the December issue will be "allergies and learning disabilities", of the March issue, "pregnancy and the new born", of the June issue, "nutrition". Periodically an article which is of particular significance and which has been printed in the Quarterly before will be reprinted for the benefit of our new readers. Do you have theme-related articles or experiences you would like to share? Please send them to head-quarters.

### Listing of Helpful Articles

You will notice that missing from this issue of the Quarterly is the last-page listing of articles previously available by writing to Bruce Small. This listing is being up-dated and the service is moving to a new home. The listing will again be published in your December issue.

Feedback

Finally, please let us know how the Quarterly can best serve your needs. We welcome suggestions, praise and criticism.

*Shirley M. Smith*

QUARTERLY STAFF

Editor: Shirley M. Smith

Editorial Board: Dr. John K. Blair, Chairman  
Mr. Wilfrid Bean  
Mrs. Louise Cameron  
Dr. Ron Vince

Technical Advisor: Dr. John G. MacLennan

Cartoonist: Margaret R. Schiedel

Typist: Margaret R. Schiedel

\*\*\*\*\*

Note: CORRECTION

The telephone number for the following advertisement was incorrectly given in the last issue of the Quarterly:

100% COTTON LADIES SPORTSWEAR

Blouses, 2 piece dresses, jackets and tunics

Fall stock available

Safe, ecological environment

Below wholesale prices; no obligation

Downsview, Ontario

For an appointment call after 5:00 p.m.

416-638-1903

## BIOGRAPHICAL SKETCHES: YOUR EDITORIAL STAFF

### Editor

I was born and reared on a farm near Stratford, Ontario, educated at Waterloo-Oxford District Secondary School, Baden, Ontario; Wilfrid Laurier University, Waterloo, Ontario (Honours B.A., English and History, 1965); University of Windsor, Ontario (M.A., Canadian History, 1966); Althouse College of Education, London, Ontario (Type "A" Specialist English and History, 1967). In September, 1967 I began to teach grades XII and XIII English and history at the Grimsby Secondary School, Grimsby, Ontario where I was also head of the history department for several years.

In 1974 I quit teaching because of poor health - which was diagnosed later that year as "ecological illness" by Dr. J.G. MacLennan of Hamilton. In 1975 my husband and I moved to a Lake Huron community, Port Albert, Ontario (north of Goderich), built a house and began the process of creating an ecologically sound environment, for example, growing and processing our own food. By 1978 my health had improved so much that I was able to assume responsibility for the fund-raising required to send my husband's high school band to the International Youth Music Festival in Harrogate, England.

Since then, my husband and I have separated, and I am now an M.A. student in sociology at the University of Waterloo, Waterloo, Ontario specializing in medical sociology.

### The Editorial Board

#### Wilfrid W. Bean

Wilfrid W. Bean was born in Kitchener, Ontario, educated at K-W Collegiate, Kitchener, Ontario, The University of Toronto, and Waterloo College, Waterloo, Ontario (B.A., 1934).

From 1939 to 1967, Mr. Bean served in the R.C.A.F. in which he holds the rank of Air Vice Marshal (Ret.). From 1967 to 1969, he was on the staff of McMaster University, Hamilton, Ontario and in 1970, Mr. Bean became Vice-President, Administration, at the University of Guelph, Guelph, Ontario.

Mr. Bean retired in 1976 and he and his wife, Lorain, now divide their time between their residences in Guelph and in Florida.

Mr. Bean's interest in the Human Ecology Foundation was ignited by his wife's ecological disease and he is not only a member of the Quarterly's editorial board, but also a director of the foundation.

Dr. John K. Blair

Dr. Blair was born in Toronto and received his medical training at Queen's University, Kingston, Ontario (M.D., 1968). He interned at the Hamilton Civic Hospitals and did his specialist's training in "Internal Medicine" in Hamilton and Toronto.

In 1974 Dr. Blair began a specialized practice in "Internal Medicine" in Guelph. Dr. Blair reports that he soon began to search for more ways in which he could help patients who suffered from intractable and from migraine headaches. He has always emphasized treatment of the cause of the symptom, rather than treatment of the symptom itself.

Ironically, although the Blair family had lived two blocks from Dr. MacLennan's Hamilton office while Dr. Blair was training in Hamilton, he was totally unaware of Dr. MacLennan's work in clinical ecology until 1980. In that year, Dr. Blair took his first courses in clinical ecology and in August 1982, he began full-time practice in the field.

Dr. Blair is chairman of the editorial board and a director of the Human Ecology Foundation of Canada.

Mrs. Louise Cameron

Mrs. Cameron was born in Woodstock, Ontario, attended business college and worked for some years as a medical secretary. She has always had medical problems, but it wasn't until her older son, David, was referred to Dr. MacLennan for testing when he was six years old that she began to realize that her problems might also be related to allergy. When her younger son's behaviour and learning problems proved to be allergy induced, this family realized that the solution to their problems was not special schools, psychiatric and family counselling, but a change of life-style, a strict adherence to the principles of ecological medicine. The family have been

following these principles for sixteen years and they are managing to control their symptoms well.

The article on a teen-ager's view of allergies reprinted in this issue was written by Mrs. Cameron's son, David.

Dr. Ron Vince

Dr. Vince was born in Simcoe, Ontario and educated at MacMaster University, Hamilton, Ontario (B.A., English and history, 1960), Rice University, Texas (M.A., English, 1962), and North Western University, Illinois (Ph.D., Drama, 1968). For the past sixteen years he has been a member of the English Faculty at MacMaster University in Hamilton, where, in addition to teaching, he has honed his skills as a writer and editor.

Dr. Vince's involvement in the "Human Ecology Foundation" is the result of ecological illness in his family - his wife and his two children. Dr. Vince is also a director of the "Foundation".

\*\*\*\*\*

fate  
do you believe  
things are  
part of our  
destiny,  
puzzle pieces  
fitting together  
magnet and steel?  
is it real?  
are things meant  
to be?  
discover  
fear not  
what you have  
not yet tried  
dare  
to fly  
again

By Brenda Koski  
Scarborough, Ontario





## BRANCH REPORTS

### Ottawa Branch

#### Past

The Ottawa Branch held five (5) executive meetings this year to plan and to organize activities, to improve services to membership, and to deal with administrative operations. Accordingly in November 1981, survey forms were sent to 138 members (59% of our membership) of whom 79 responded. The results of the survey are being used to determine the types of services to be provided to members in the future. These results were printed in the March 1982 newsletter.

A general get-together for exchange of information, recipes and experiences was held on February 18th, 1982. This type of meeting proved to be quite beneficial to all members present. We plan to have more of these meetings in the near future.

On April 28th, 1982, Dr. Lynn Marshall addressed several questions at our general meeting:  
"Is ecological illness psychosomatic?"  
"What 'mental' signs and symptoms can be produced by ecological illness,"  
"What are the mental and emotional effects of ecological illness and its management on patient, family and friends?"  
This meeting was very informative and helpful in answering our questions.

#### Future

At this April meeting, the membership elected the new Executive Committee, as follows:

PRESIDENT: J. Neil FitzPatrick  
VICE-PRESIDENT I: Diane Desrochers-Chase (re-elected)  
VICE-PRESIDENT II: Faye Georganas  
VICE-PRESIDENT III: Lynda Brooks  
TREASURER: Diana Pederson  
RECORDING SECRETARY: Alice McLaggen  
CORRESPONDING SECRETARY: Susan Sheehan  
NEWSLETTER EDITOR and EDUCATION CHAIRPERSON: Estelle Drolet  
PUBLISHER OF NEWSLETTER: Mary Vuylsteke  
MEMBERSHIP CHAIRPERSON: Patricia Grant  
PUBLICITY CHAIRPERSON: Martha Phemister

BRANCH REPORTS

-cont'd

A general meeting is planned for September 23, 1982. Dr. Carey Stevens, psychologist - Bio-Feedback, will speak on methods of relaxation and the effects of stress in relation to allergies.

A get-together meeting is tentatively organized for October 21st, 1982.

Toronto Branch

The new executive for the Toronto branch has been busy. Two executive meetings have been held to discuss our plans for the year 1982-83.

Our first membership meeting on Tuesday evening, September 14 at 8:00 p.m. will feature Dr. John MacLennan. He will emphasize our theme for the year, "Accentuate the Positive - Eliminate the Negative".

Meetings about chemicals in our society, and organic gardening are in the planning stages for November and March.

Two issues of "Inkblots", our Toronto branch newsletter, have been sent out to our membership.

The reprint service has been continued at our branch and this appears to be an important and necessary aspect of our work.

The Toronto branch executive are:

President: Mrs. Darlene Koski  
Vice-President: Wanda Wilson  
Secretary/Treasurer: Brenda Koski  
Medical Directors: Dr. Irvine Korman  
Dr. Jozef Krop

QUERY

\*\*\*\*\*

I am 19 years old and live in Scarborough. Seizures and mood changes are a part of my life. Much progress has been noticed recently as my reactions are lessening. Through the telephone and letters a friendship has developed with a girl in Barrie who also has numerous chemical, food and inhalant sensitivities. Now one of my hopes is to meet other young people with ecological illness.

Brenda Koski  
65 Dolly Varden Blvd.  
Scarborough, Ontario, M1H 2K2  
(416) 438-0853

## AND SO THE STORY GOES

Estelle Drolet

As you come out of this new doctor's office, the diagnosis of "multiple complex allergies" seems incredible. You've never heard the term and you have always associated allergies with a runny or stuffy nose, watery red eyes or hives. How can this unbearable pain in your stomach be caused by allergies? How can the excruciating pain in your big toes, for which a gout test was performed, now be associated with a yeast allergy? And how can you accept the idea that your memory blanks and foggy thinking may be the result of eating milk products? I could go on with a multitude of symptoms, citing cause and effect, but they are all the result of the same basic problem: allergies, sensitivities or intolerances.

Some of our members report that their sensitivities are recent with no family history of allergies. The majority of these people will tell you, though, that their problems appeared after exposure to an unacceptable level of a chemical such as formaldehyde gas, or in the case of women, after taking the contraceptive pill.

For many of us, though, there has been a long degenerative process with symptoms being present from infancy. The symptoms were there all along, but the diagnosis was never made.

Our survival instinct led the majority of us on a never-ending search for information or a miracle vitamin which would cure it all. We combed every health food store and bought dozens of books on nutrition. If you were of the Adele Davis era, you added wheat germ and bran to everything you made and, of course, milk powder plus blackstrap molasses. But oddly enough, you felt worse! You bought vitamins in every shape and form but they invariably made you feel worse. "Well", you thought, "I'm sure yogurt will cure it all, what with all those lovely beneficial bacteria", but that, too, sent you into orbit! "In that case", you thought, "I'll try a sip of diluted apple cider vinegar with every meal to help digestion". But, of course, that also proved disastrous. Why? Why? Why? "It doesn't make sense", you think, "I'm doing all the right things. Maybe I'm a hypochondriac? Or maybe I have an unconscious need to stay ill. It must be psychological!"

But, unfortunately, the need to be well keeps you searching until the day fate is finally on your side. You find a clinical ecologist or an orthomolecular physician. The diagnosis of multiple complex allergies is strange to you, but being the curious type, you read up on the topic and gradually the puzzle comes together. Tests show allergies to wheat, milk, yeast, sugar and eggs - amongst other things. Now you understand why

Adele Davis' recommendations actually exacerbated your symptoms. You also learn that most vitamin preparations contain corn, sugar, fillers and colours and that many are yeast-based. Perhaps it took ten or maybe twenty years to find the cause of your ailments, but at last you know. You become more and more observant, and you eventually can also relate certain symptoms to chemical exposures.

But you must also learn to live with this disease and its many restrictions. Eating becomes a stress in itself as you add a good portion of self-pity to every meal. Your life, it seems, is a long list of nos - don't eat this, don't wear that, don't breathe there, and don't sit on that fabric. Everything is seen in a negative way, and you are now convinced that if you weren't a hypochondriac, you are now practising to be one.

Fortunately, though, you do realize that you are feeling better when you follow the rules, and as you improve, you accept more positively the restrictions which let you live without your various ailments.

As in all diseases, people will invariably ask "why" and "what's the cause" and "can it be cured?" I would like to say to those who are presently struggling to establish some sort of homeostasis through the complexities of the rotation diet and through the process of eliminating offending substances or who are experiencing difficulty reaching the ultimate goal of good health, that progress in this area is being made.

The person diagnosed as having multiple complex allergies is in a better position today to educate herself on the topic than she would have been six or seven years ago. The books on allergies which were available at that time covered the usual known symptoms, but books written by clinical ecologists were few and often not available. Today, however, the help is there. Although complex allergies are not easy to cope with at the best of times, do not despair. There are some very dedicated doctors who are researching and experimenting constantly in order to understand the underlying causes and the many possible ways of alleviating the symptoms. As is true for many diseases, there is presently no miracle cure. BUT, there are methods of control.

\*\*\*\*\*

## IMPRESSIONS

Conversion  
Buttons depressed  
Mass media  
Sound waves  
Bouncing  
Creating  
Disturbance  
Snow  
Smoke screen  
Change channels  
Too loud  
Try nine  
Off the air  
Quick to seven  
7 Up  
No Wayne Gretzky  
How 'bout  
Picture failure  
Tube blowout  
Repairman  
Should have called Granada  
Do they rent lives too?

By Brenda Koski  
Scarborough, Ontario



## A TEEN VIEW OF ALLERGIES

Dave Cameron

How many people do you think had to leave school for six weeks while the exterminators came to get rid of the mice? Or how many guys do you think have to make a special point of asking the girls they take out not to wear perfume? Not very many, and that can get pretty frustrating! Yet, on the other hand, at least I can say that in my school I'm a bit of a novelty.

Teenagers today are so quick to condemn and ridicule anything considered different or "not normal" - whatever that means, and it is very difficult for many to accept the idea of chemical sensitivity. They accept allergies only on the T.V. level, that is, the hacking, sneezing picture of someone who is "allergic". Any other kind of reaction they find impossible to believe. That anyone could react to anything other than grass and weeds is impossible to believe. It's the divine rule of the idiot box entering here. They haven't seen a chemical sensitivity or reaction affecting any character on T.V. - except in a ridiculing farcical way - therefore, chemical sensitivities don't exist. "They're all in your head".

It's enough of a problem training yourself not to worry about other people, but training your own attitudes in dealing with allergies is yet another problem. Although it can be a real inconvenience, we must learn to be on the lookout for potential problem areas and exposures. A vicious circle can develop here - you find that you can develop such an expertise in watching for things that might cause a reaction that you create problems frantically trying to watch out for everything. We all know that thinking about problems and ailments can just make discomfort worse. Since there'll always be something to react to, you try not to think about it so much. But then, you find that you're not watching exposures closely enough, and you're running into problems because of that. And people wonder why sensitive patients get schizoid!!

I can remember once complaining of a reaction to a gas heater that wasn't even on. There are times when we can tolerate something one time and not another. Accepting that can be hard for others. We have to be careful not to use allergies as an excuse, "I failed the test because .....". On occasions like these, people really can conclude that our sensitivities are all in our heads.

This is beginning to sound like one long gripe session. Perhaps I should also mention the ways I've learned to handle allergies, and get involved with a number of activities in spite of it all. Some teachers have been very understanding.

## A TEEN VIEW OF ALLERGIES -cont'd

taking time to prepare and help with a special assignment when I couldn't do what the class was working on because of the exposures involved. I was able to spend every day this summer with a theatre group at Hamilton Place - foam stuffed furniture, wall to wall synthetic carpets, and all. This meant clamping down on other extra exposures, and accepting the fact that some of the activities were just impossible for me to do. People can be pretty understanding; one example would be getting help finding 'organic' substitutes for theatrical make-up.

Lunches every day on a rotary diet can be kind of fun to fix - just ask my mother! Although initially I got comments about my "weird" food, it wasn't long before my lunches were accepted by most, and Mom even had to send extras for the moochers who found they enjoyed good, clean food.

I have been involved with Student Council and many clubs and activities both at and outside the school. Having chemical allergies doesn't have to be a completely negative experience.

Some extra problems come along with this deal of allergies for a teenager though. At this time, I personally find that our hardest job is sorting out emotions and feelings. Chemical allergies throw in an extra antagonist - what I dub "synthetic emotion". A common case would be losing patience with someone because of not being able to handle a reaction, and then attempting to patch things up later. There are times where the situation is not so easily sorted out. "Do I really feel that lonely and depressed, or is it just that I've had a build-up of exposures lately? I mean, there might be a good reason for feeling down," or, "Does that person make me feel crabby because of what he says and does, or is it simply because his aftershave is so bad?" Often the answers to these dilemmas are a compounding of both alternatives. But the \$64 question is, how much is real feeling, and how much is reaction? To some, answering that question comes with practice, to others, it never comes at all. Learning to deal with it all can be a real challenge. I guess that's where our very patient friends come in: to help us see how our feelings look on the outside. Another person's help can sometimes be of the most assistance in answering questions about ourselves. I have been fortunate in having some very understanding friends to make up for the trouble and hurt caused by some insensitive people.

\*\*\*\*\*

## ALLERGY AND STRESS: IMPROVING THE BALANCE

Dr. John K. Blair

Some people distinguish allergy from stress. They say that some symptoms are due to stress and other symptoms are due to allergy. The truth is that allergy and stress are the same thing - allergy is just another form of stress.

Some people blame symptoms on the imagination, "It must be your imagination, people don't get symptoms like that, you only think that things are bothering you". This is wrong but the truth is that imagination can be a problem.

What you think or imagine about yourself, your body, your friends, the world around you, what you think or imagine can have a profound affect on how well or how poorly your body functions. You can think of yourself as being well and you can think of yourself as being sick. You can think of the world as beautiful and safe or you can think of the world as ugly and threatening. Your own feelings, perception or image of yourself and of the world around you can influence how well or how sick you are going to be.

### ALLERGY

I expect that most of us think of allergy in very broad terms and I think the original concept was broad in scope. Allergy is an abnormal or altered reaction to something in the environment that does not seem to affect other people the same way. This concept implies that other people could be affected by something but they are just not as sensitive to it as someone who is "allergic" to it.

An allergen is something that can cause a reaction in an allergic person. It could be dust, ragweed, milk or the smell of perfume. An allergen is something that an allergic person tries to cope with or adapt to with more or less success. It makes a demand on the body to cope with it or adapt to it.

If your resistance is high, your coping ability or adapting ability is high, then you may cope with something or adapt to it without any noticeable reaction or symptom. If you are not so resistant, then the coping or adapting itself may be associated with symptoms such as fatigue.

To repeat this concept, an allergen is something that places a demand on an allergic person to cope with it or adapt to it. Symptoms depend on how well the person copes or adapts.



STRESS

Dr. Hans Seyle of Montreal has become famous for his research and writing on the subject of stress. He says that stress is the non-specific response of the body to any demand made upon it. A stressor, therefore, is something that makes a demand. A stressor can be some environmental factor: heat, cold, dust, mould, or some particular life situation. It can be a change in your life or environment, or perhaps there has been no external change, but your ideas or perceptions about things have changed. If your coping or adapting abilities are high, then you make adjustments without any symptoms. If you are not coping or adapting well to the change, you may develop some symptoms and these could be anything from trouble sleeping to diarrhea. If your mother-in-law plans to move into the house next to yours, for example, you may perceive this as a threat and your own perception of the situation results in stress. Stress is your body's attempt to cope with or adapt to a situation that you feel is threatening. If you do not feel your mother-in-law's move to be threatening, then there is nothing to cope with or adapt to and there is no stress.

The same concepts can be applied to allergies. If you think of every food and chemical as threatening, if you keep looking for more and more things that you can react to, if you keep making this threatening list longer and longer, then you are automatically putting yourself through a lot of extra stress. There can never be any end to this type of search. The more you look, the more things you will find. In fact, this very search itself can increase our sensitivity and susceptibility to everything, and our list grows. Your own imagination, therefore, can work for you or against you.

Allergy, then, is just another form of stress. Each problem tends to throw us off balance a little or a lot and our job is to try and find ways of coping with or adapting to these demands that are being made upon us.

Can you avoid everything that you are allergic to? Sometimes you can. Sometimes you are just allergic to a few things and it is not hard to stay away from these. Sometimes, however, there are just too many troublesome substances and it is impossible to avoid them all. What can you do then? You can't just keep withdrawing from things. If you choose this method, there is no end to the withdrawal - food, friends, social activity, cities, cars, traffic, and life itself. The real answer is to build up your resistance, to build up your coping-adapting ability and to get everything back into balance again.

Can we avoid stress? Certainly not. Absence of stress is death, for then there is no longer any demand for coping

or adapting. You cannot avoid stress; you can only try to control it or limit it. After that, it is still a matter of coping or adapting.

Of course we have to know about our own personal susceptibilities, stressors, or allergens. We have to know about some of these exposures to protect our health, but it is only useful to a point. At this point we realize that the whole world is a potential threat. We stop looking for more and more problems, we start looking for ways of building up resistance, ways of maintaining balance in our bodies. The more ways we learn for coping, adapting, keeping in balance, the healthier we will be.

### BALANCE

What do I mean by "the body's being in balance"? Balance means stability, resistance, ability to adjust to changes.

The mind and body work together as a unit to keep everything in balance. There has to be co-ordinated activity between the various organs, circulation, breathing, energy supply and transfer, temperature and elimination. Much of this co-ordination is centred in the more primitive parts of our brain which control our autonomic or vegetative nervous system. The sympathetic and parasympathetic nervous systems sometimes work in opposite ways to control the diameter of our airways, the diameter of our blood vessels, and the distribution of blood flow to various areas.

These areas of the brain also control the output of and the balance of hormones from the pituitary, thyroid and adrenal glands. This entire system with its nerve impulses and hormones -the neuroendocrine system- helps to keep everything in balance. This system monitors signals coming in from the higher parts of our brain and attempts are always being made to keep everything in balance.

### IMMUNE SYSTEM

The area of balance of particular importance in allergy and ecology is the immune system. Our immune system is supposed to identify and react to all foreign substances. Whenever anything is identified as foreign, the immune system is supposed to start a chain of events to protect us from this foreign material. It is a system trained to react to everything.

Another function of the immune system is to suppress all these reactions. There are specialized lymphocytes or blood cells that are called suppressor cells and there are others called helper cells. The helper cells help you have reactions

## ALLERGY AND STRESS: IMPROVING THE BALANCE

-cont'd

and the suppressor cells suppress these reactions. When you are well, everything is in perfect balance - you react against any true threat like live bacteria or viruses that get into your system and when the threat is over, the reaction stops.

If your immune suppressor system is not working well enough, then you can start reacting to everything. You can react to your own tissues such as your thyroid gland and develop either an overactive or underactive gland. You can react to your own stomach lining cells that are supposed to help you absorb vitamin B12. You can react to your blood cells and develop anemia. You can react to all manner of foods and chemicals.

The mechanism by which the immune system gets out of balance is not well understood. Definite nutritional factors have been proved to exist but it also makes sense to me that every single step one takes mentally and physically helps to restore the balance. Some steps are small and by themselves are not significant but all the small steps taken together can eventually make a big difference and help restore balance.

## FACTORS THAT IMPROVE THE BALANCE

### Mental Attitude

The most important factor for balance is mental attitude. If you are constantly picturing yourself as a sick person, then this will become a barrier to getting healthy again. Self-image is a factor: do you like yourself? It is hard to get well and stay well if you do not like yourself.

There is a growing interest in the concept of "psycho-immunology". The body's immune system is influenced by mental ideas and attitudes. Positive images of healing and of the body's repairing itself have been reported useful in the treatment of cancer.

Your attitudes about things may not be obvious. Sometimes you have to ask yourself, "Do I want to be well? Perhaps I have been sick for a long time, my family and friends are used to me like this, they do not make as many demands on me, I don't have to socialize as much, therefore, do I really want to be well?" According to the Bible, Jesus Christ asked someone before He healed them, "Do you want to be well?" Sometimes we have to ask ourselves the same thing.

Another question is, "How well do I want to be? Do I want to get a few symptoms settled down without changing or

correcting very much, or do I want to build up my reserve of health with increased resistance? How well do I want to be?

The third question is, "How hard am I prepared to work for better health? Am I prepared to reduce some of my stressors, or adjust my stress load, and take some of the pressure off? Am I carrying around a lot of resentment and grudges about my work or family that are putting me through a lot more stress? Am I prepared to reduce, eliminate, or rotate some of my foods that are a bit too hard on my system? Will I stop smoking, make some changes in my lifestyle, make some of my goals a little more realistic? How well do I want to be and how hard am I prepared to work on it?

Your own attitudes, conscious and unconscious, all influence the state of your health.

### Exercise

Physical exercise is one of the best ways of keeping in balance. Our bodies were designed to be active. A body that is physically fit has a certain amount of physical endurance and a certain amount of suppleness. Stamina and flexibility are measures of fitness. A body that is physically fit can cope much better with fractures, infections, myocardial infarctions, mental stress and allergic reactions.

The nervous system, the lungs, the heart, the circulation, the brain, the white blood cells, the immune system, everything works better if you are fit. Researchers have found that you can literally run off some of your tensions, depressions and tendencies to get migraine.

### Digestion

Adequate digestion of our food is another factor that keeps us in balance. Digestion is the process of turning plants and animals into nutrients that we can safely absorb and use for our bodies. These vegetable and plant products are all foreign to us and they are all toxic for us unless we digest them down into small sugars, starches, fatty molecules, amino acids, vitamins and minerals. The key to coping with all these plants and animals in our diet is to digest them as thoroughly as possible.

Somehow the process of digestion makes things safer for us to absorb. Foods that are already broken down, ready to absorb, such as sugars, alcohols, syrups, are more likely to bother us than are the foods we digest ourselves. Refined foods are often absorbed too quickly. Our bodies cope much

better with the more natural foods which are absorbed more slowly.

Furthermore, all of us are different; enzyme systems can vary in efficiency from person to person. Some people can eat Spanish onions like apples and some people can't eat apples. Some people do not have enough of the enzyme lactose to digest lactase in milk. The problem can be digestion, allergy or both. Leave out the foods you cannot digest for you are more likely to react adversely to these foods.

Before we even start eating, our bodies get ready for the food. The salivary glands produce more saliva. Saliva contains the enzyme amylase which helps to break down starch. The stomach starts churning and releasing a little more acid and pepsin to digest protein. Of course all this activity won't happen if you have negative attitudes. Feeling relaxed and positive about your food and your life helps your digestion.

Chewing food is the next important step in digestion. Most of us do not chew our food well enough. Many people have no teeth or they wear only upper dentures. They lose out, therefore, on this first step in reducing the food to a pulp on which the digestive juices and enzymes can work.

Normal digestion depends on the autonomic nervous system's co-ordinating the work of the stomach, liver, gall bladder, small intestine and pancreas.

Different foods are processed in different ways but basically a lot of secretions from the gut are mixed with the food. Local hormones produced by the gut help to co-ordinate the action. Food is held up in the stomach until the duodenum is ready for it. The pH or acid level is controlled to improve the efficiency of the enzymes from the pancreas.

All this co-ordinated action is carried out best when everything else is stable. If you have an infection or fever, if you are physically or mentally exhausted, if you are angry, tense, anxious, hate-filled or jealous, you are just not going to digest your food as well. You must eat more carefully when under extra mental stress.

Eat just the right amount of food each meal. Too much will not be digested as well. Eat more often if necessary. Single foods or simple meals are easier to digest. Keep your diet as simple as possible. Digestive enzyme supplements can be useful at times but some people react to them.

### Elimination

Elimination is just as important as digestion. Once you have broken down the foods and absorbed the nutrients, you don't want the residue, you don't want to absorb any more. Your bowels are supposed to keep moving everything along, and ideally you should be having a bowel movement each day. Primitive people on primitive -and perhaps better diets- may move their bowels after each meal.

Avoid or restrict any foods that slow your bowels down too much, whether this be cheese, chocolate or wheat. It can be difficult but try to figure out what foods keep your bowels working best.

### Diet and Nutrition

Good nutrition using foods that we can digest is of crucial importance in maintaining health. We can all make a study of this and try to eat the highest grade of food available - the highest grade in nutritional terms. The more natural our foods, the better our bodies will handle them. It may be the refined, rapidly absorbed forms of food that sensitize our body to various foods.

We still have to avoid the foods that we cannot digest. We still have to avoid, limit, rotate or eliminate the major foods that we react to. Controlling these foods helps to keep us in balance by reducing the allergic stress load. At the same time we must try to eat a wide variety of foods and not over-do any particular food.

### Vitamins and Minerals

Medicine is not sufficiently advanced to be able to prescribe the exact amount of each vitamin and mineral each person needs. Our requirements can also change - for example, during an infection, during pregnancy, or following operations.

Theoretically, we should be able to get all the vitamins and minerals we need just from a healthy, well-balanced diet. For various reasons, however, we are probably not always getting the optimum amounts of each vitamin and mineral: the fruit on plants may not have been mature or ripe when harvested, the plant or fruit may not be fresh enough when we finally buy it. We may be losing much of the nourishment because of our processing or cooking methods. The food, for example, may be already processed and all the nutrients may have been lost. Finally, the soils on which the food was grown may have become depleted of certain minerals and the foods may consequently be lacking in nutrients.

Vitamin and mineral supplements can help to keep us in balance. They all work together and it is hard to say that some are more important than others. There is no one correct dose of the various supplements because we all require different amounts at different times. Taking preparations of vitamins or minerals in low or medium dosage is reasonable.

We must remember that various supplements or vitamins are foods or food derivatives and they can add to our allergic load. Various chemicals in the preparations add to our chemical load. What is the net effect of supplements on you? Are they helping you or just giving you something more to cope with? If you are taking supplements, and you are not really sure whether they are bothering you, then stop them for at least a week to see if you feel any better.

### Treatment

Another method of improving the balance is treating the various allergens - especially the inhalants: dust, mould, pollens. Treatment of these inhalant allergies by the conventional build-up method or by determination of the neutralizing dose, reduces the body's reaction to these. Less demand is placed on the body to cope with these inhalants and there is, therefore, less stress.

With more or less success, food and chemical problems can also be treated by sublingual drops or by injection.

Avoidance or limitation of exposure is the preferred method for inhalants, chemicals and foods but treatment, especially for the inhalants, is often necessary.

### General Factors

I would briefly like to mention some general factors which are also important for balance. Adequate rest is necessary. No one can cope or adapt as well when overtired. A balance between exercise and rest, work and relaxation is necessary. We also need various goals to motivate us. We need things to look forward to tomorrow, next week, next year if we are going to cope well with everything. These goals have to be realistic or they have a detrimental, discouraging affect. We should not take ourselves too seriously. A sense of humour can make the difference between being well or sick. Reader's Digest points up this fact in its "Laughter is the Best Medicine".

Many people have benefited from psychotherapy, relaxation techniques, meditation, and biofeedback.

ALLERGY AND STRESS: IMPROVING THE BALANCE

-cont'd

How long does it take to get well again, to get everything back into balance? The longer you have been ill, the more complex your allergies, the longer it will take. Sometimes you just have to keep working at it. Patience and persistence are the key words.

You have to have a plan, some strategy to follow. You don't want to change everything all at once or you will get even more out of balance. You don't want to change things unnecessarily. Where do you start? Change the easy things first. Worry first about things that you have some control over. Don't worry about the formaldehyde insulation if you are still smoking and wearing lots of perfume.

How far do you go with all these changes? You go as far as necessary to allow your body to start improving and to get back in balance.

To conclude, let me repeat that allergy is just another form of stress. Demands are being made on us all the time for coping, adapting, making adjustments. Without some stress life would be dull and there would be no opportunity to grow and improve ourselves. The key is learning to keep in balance by every possible method you can use.

We can all do our best to make this world a little safer for each other and for future generations, but in the meantime, as individuals, all we can do is to try and keep adapted to this world as well as possible.

There were safer times in history as far as air, food, and water are concerned, but there is no other period in history quite as exciting as the present. The best time to be on earth is right now. We have to make the best of it and we have to adapt to this world. Adapt or maladapt, often the choice is ours.

Speech, Kitchener Branch of the Human Ecology Foundation,  
March 2, 1982, Cambridge, Ontario.

\*\*\*\*\*



## ALLERGIC REACTIONS TO CHEMICALS IN OUR ENVIRONMENT

Dr. John G. MacLennan

Allergic reactions to chemical exposures in our environment are becoming progressively more frequent as a result of technological and scientific changes which have occurred in the last few decades. Increasing numbers and quantities of synthetic materials of fossil fuel origin are being used in the manufacture of foods, drugs, household furnishings, wearing apparel, cosmetics, etc., so that the air we breathe, the foods and drugs which we consume, or have injected into us, as well as the clothes we wear and the houses in which we live, expose Western man to a multitude of different chemicals. The constitutional diathesis of the allergic individual permits the development of adverse reactions to various environmental exposures depending upon the concentration and duration of the exposure to the inciting agent. The predisposed patient, particularly of the atopic variety, is a likely candidate to react to such chemical exposures.

The degree of susceptibility present in the individual is probably the most important single factor which determines the severity of the reaction and the variety of reactions which will result from different exposures. Susceptibility usually develops before toxic reactions become evident and it is a reversible process, so that avoidance of the cause, or treatment of it, will control the symptomatology and return the patient to a normal state of good health. Frequency and concentration of exposure is another important factor involved in the development of chemical susceptibility and it is usually found that lower concentrations than are usually considered harmful will produce symptoms. There is also a tendency, in this type of patient, to cross-react to chemically related and unrelated substances.

The exposure to fossil fuels and their derivatives occurs by inhalation, by ingestion, by injection and by contact. The inhalant and ingestive routes of exposure are the most important in both frequency and concentration.

The inhalant exposures are divided into indoor and outdoor varieties. The indoor exposures include heating and cooking appliances of the gas variety, refrigerants which involve the use of  $\text{SO}_2$ , freons, etc., and various household sprays of a cleansing or deodorant nature. These sprays not only contain the active chemical ingredient, but also the propellant which is frequently of a freon variety. Such cleansers as chlorine and ammonia cause a heavy household contamination. Soft plastics, paste floor wax, various paints and varnishes, as well as the use of turpentine and varsol,

## ALLERGIC REACTIONS

-cont'd

all contribute to the indoor exposures to the chemically susceptible individual. Other materials include rubber goods, cosmetics, tobacco smoke, insecticides, herbicides, newsprint, and the emanation from synthetic rugs and fabrics. Fiberglas drapes are possibly one of the worst types of household fabrics to contaminate the indoor environment. Tobacco smoking is probably the commonest and one of the most concentrated sources of air pollution caused by man to-day.

Outdoor inhalants include those of industrial origin - all of which contribute to air pollution; also, exhaust fumes from the internal combustion engine, both gasoline and diesel are involved in this area of exposure. The use of insecticides and herbicides in horticulture and farming are important factors involved in contamination of the ambient air. In addition to this, there are the emanations from various plants and flowers, trees, which adversely affect the chemically susceptible individual. Petro-chemical byproducts, such as tar, gasoline fumes, and oil fumes, etc., are also involved.

Exposure of the ingestant variety are very widespread and include all food additives such as preservatives, artificial colours and flavours, soft plastic containers; the phenolic resins found in the lining of tin containers; sprays, fertilizers, herbicides, and pesticides which are used in the production of foods; as well as the tenderizers, monosodium glutamate, synthetic sweeteners, which are also incriminated. Chlorine and fluoride, which are found in drinking water (and the latter is present as a popular ingredient in many dentifrices), as well as iodides, will produce symptoms in the chemically susceptible individual. Since World War II, there has been a tremendous increase in the number and variety of synthetically derived drugs, the use of which has increased daily in the medical armamentarium. The inability of modern man to successfully adapt to the nervous strains and stresses of modern day life cause the use of large amounts of sedatives, tranquilizers, aspirin and 222's etc. Vast amounts of other symptomatic medication, such as antibiotics, antihistamines, and hormone preparations, etc., have been developed and prescribed.

Exposures by contact include cosmetics of a wide variety, many of which, such as hair sprays, deodorants, perfumes and colognes, as well as eye preparations, have been incriminated. Other contactant exposures of importance include various paints, powders, oils, detergents, plastics, synthetic fabrics and clothing dyes. The darker dyes, such as blue, black and dark brown are more frequently involved in the production of dermatitis. These contactant exposures usually result in a skin reaction, but they also may cause systemic symptoms by absorption through the skin.

## ALLERGIC REACTIONS

-cont'd

Exposures by the injectant route include all therapeutic agents such as drugs, biological sera, vaccines, local and general anesthetic agents and contrast dyes. The active chemical ingredient is most frequently involved, but the preservative, phenol, should also be suspected when dealing with the chemically susceptible individual.

The manifestations of chemical susceptibility may be exhibited in single or multiple organs of the body. They usually reflect the degree of clinical susceptibility. Usually, the longer the disease process has been present, the degree of susceptibility increases progressively. The variety of symptomatology and the number of organs involved also increases. The commonest sites of reaction are the cerebral, musculoskeletal and respiratory organs.

Since any organ system can be affected, the symptomatology varies accordingly. The cerebral reactions frequently involve dizziness, faintness, headache, lack of cerebration and concentration, diplopia, blurred vision. The cutaneous reactions result in frank dermatitis of a dry, eczematous nature, as well as edema, erythema and flushing of the skin. Respiratory symptoms usually result from direct contact with the offending agent and include sneezing, rhinorrhea, nasal blockage, congestion and constriction of the throat, as well as coughing, wheezing and frank bronchial asthma. Gastrointestinal symptoms usually consist of nausea, abdominal cramps and gaseous indigestion. When the musculoskeletal system is involved, usually rheumatic pains of a vague nature are present, but there seldom is associated swelling of the joints. The genitourinary system is not immune to the ecologic insult and symptoms of frequency and dysuria may occur. Symptoms of fibrositis or bursitis may be exhibited by the chemically susceptible individual.

The diagnosis is most frequently made by having a high index of suspicion, by taking a very detailed history, and by confirming the history by means of provocative testing techniques, using a wide variety of specific antigens. A high index of suspicion is acquired when it is realized that in approximately 10% of the new patients referred to me the chemical susceptibility is of major importance and must be managed accordingly, along with other allergic etiologic factors, in order to bring about successful resolution of the presenting problem. In 3% of the referred patients, the chemical susceptibility is the only etiologic factor which requires management and therapy. Along with a detailed history, additional valuable diagnostic information can be obtained from a questionnaire in which the patient indicates the degree of reaction which occurs to a wide variety of chemical exposures.

Provocative testing includes both the intracutaneous and sublingual methods. This procedure involves the production of clinical symptomatology in the patient as a result of applying various concentrations of different chemical antigens. The symptoms are then neutralized by applying successively different concentrations of the same antigen. The clinical history indicates which antigen should be used to confirm the diagnosis and the patient is kept ignorant of the test materials used until after the test session is completed. A test antigen can be made from practically any chemical source, however, great care must be used not to test with strong primary skin irritants or toxic materials. The commonest antigens used include tobacco smoke, furnace oil fumes, chlorine, fluorides, ammonia, sponge rubber, synthetic fabrics, natural gas and plant turpines. Various food additives, drugs, and local anesthetics; preservatives such as phenol and merthiolate are commonly used.

Treatment and management of chemical susceptibility is an integral part of the complete study and treatment of the ecologic problem presented to us. Many of the treatment failures found in our practices probably can be attributed to this particular type of reaction. If the chemical susceptibility is of major importance in the etiology and it is not suspected and identified, then proper therapy and management with regard to inhalant and food sensitivities will only produce a partial effect. Proper management of the chemical susceptibility, added to that of the other etiologic factors, will bring about complete resolution of all symptoms. For the most part, avoidance of the chemical exposure is the method of choice, because hyposensitization with chemical antigens is fraught with great hazards. It is usually not too difficult for the individual to stop smoking, to stop using cosmetics, to stop using various cleaning agents around the house such as sprays, Javex, etc. Usually a type of lipstick can be found which the female patient can tolerate. Various cleaning agents are replaced by the use of plain soap and washing soda. Where there are a lot of synthetic fabrics present in the house, including rugs, upholstery and drapes, etc., it may take a little more time and be more difficult to change these over to natural fibres. However, some patients can tolerate these fabrics if the degree of sensitivity is not too severe. Each individual has to be evaluated on his own basis and the necessary measures to bring about resolution of his problem are instituted at once, and a long-term programme is used for replacement of synthetic fibres. If the patient is sensitive to natural gas, which is the form of heating in a house, it may be necessary to change the furnace over to electric heat, and, of course, the gas stove and hot water heater can usually be changed over to the electric variety.

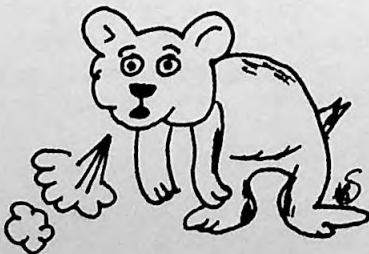
## ALLERGIC REACTIONS

-cont'd

When patients are sensitive to food additives, chlorine and fluoride, etc., it is necessary for them to use spring water and they will benefit greatly by using naturally grown foods which are not exposed to synthetic fertilizers, pesticides, herbicides, etc.

The inhalant sensitivities to pollen, dust, moulds, animal danders, etc., can easily be handled by hyposensitization. If the patient reacts adversely to the preservatives of phenol and merthiolate, then non-phenolated treatment extracts are administered sublingually. When food sensitivities are present, the offending foods are avoided and the remainder of the test negative foods in the diet are rotated on a four to five day basis in order to prevent the possible future development of sensitivity to the tolerated foods.

\*\*\*\*\*



# THE ECOLOGICALLY MALADAPTED AND THE MANAGEMENT OF STIGMA

Shirley Smith

## Introduction

"Ecologic illness" or "total allergy syndrome" is an invidious ailment which affects every aspect of the individual's life. As Dr. Blair has stated in his paper, ecologic illness is a "stress disease". The general understanding of the term "stress", however, differs from most clinical ecologists' understanding of the term, which differs again from the patient's understanding of the term. To the general populous, stress is psychological in origin, to the clinical ecologist it is physical, to the patient it is both physical and psychological. For the patient, learning to deal with the stigma associated with ecologic illness requires as much attention as does learning to deal with the physical management of the disease.

## Theory

This study was undertaken from the sociological perspective of symbolic interactionism. According to this theory, the individual develops his concept of self, his interpretation of his relationship to the rest of his universe, from the information fed to him by his significant others (those people with whom he interacts most closely), his generalized others (his society and the subcultures to which he belongs), and from his personal experiences in the world (Blumer, 1969, Mead, 1962). His self-concept, then, is a product of his relationship with his physical and with his social environment.

## The Method

The data was derived from interviews and informal correspondence with individuals who are involved in the subculture of clinical ecology as patients or as physicians and from information gathered from personal involvement as a patient since 1974.

The data was collected in Ontario. Names of people and of places have been changed. Material extracted has been edited slightly upon occasion for purposes of clarity.

## Stigma: The Problem of Being Somebody

Stigma is that attribute which makes a person different from his fellows and which causes normal people to reduce him in their minds "from a whole and usual person to a tainted, discounted one" (Goffman, 1963:3). Since we see ourselves to

a great degree as we perceive that others see us, bearing a stigma, no matter the kind, frequently results in a very poor self-image.

The ecologically maladapted or hyper-sensitive are notorious for their poor self-image:

I sometimes can't think why my boyfriend can like me when he could have some other girl who wouldn't have headaches, etc.

.....  
I just keep thinking how nice of a kid I could be if I didn't have so many headaches. (Patient)

Virtually all of them grew up apologizing constantly for being ill or for being moody. (Notes) These people have clearly incorporated into their image of themselves the information they have received about themselves from others over the years. They are living proof that Mead's explanation of the development of the self is accurate.

I'm trying, though to be happier because deep down I know just because you have a headache is no excuse not to be pleasant. It's just so difficult to be energetic and bubbly when you feel like your brains are pounding out of your head. Another difficult thing, I find, is I'm always thinking people must think I'm crazy. (Patient)

...just take a symptom like headaches, a kid grows up with chronic headaches and within their family and with their peers they become known as having neurotic headaches and by the time they get into their twenties they find out it is not neurotic, that they can cure it by not eating chocolate, they still have that ten or twenty years of conditioning to think of themselves as neurotic. And it doesn't go away that easily just because you're told something else. (Psychiatrist)

Proof that that early self-image does not disappear quickly abounds:

If I have to work, I do it, no matter how I feel. I haven't got time to be weak. (Lawyer)

That problem is not alleviated when the hyper-sensitive become involved in the new life-style:

Anybody who has a disease that has not yet become fashionable, that is not yet recognized as a disease, is going to have people raising eye-brows and dropping



teeth and so forth, not really believing it. So they are going to have not just the practical problems of getting people to accept the fact of, "No I can't eat apples because I'm allergic to them", but also, "Oh dear, she sure has a screw loose, hasn't she?"  
(Psychiatrist)

Allergic people have psychological problems because of the actions of other people - either deliberate or non-deliberate. All of a sudden you have to make things into problems where they don't see any and they do get the impression that people like yourself are creating problems where none exist. And I think this has a negative feed-back. (Psychiatrist)

It is essential for sufferers to learn to stop apologizing for being "different" because until they do, they are unable to assert themselves sufficiently to get what they need for health. This individual is learning:

In law school my class-mates for the most part enforced a no-smoking policy around me once they discovered it was a serious problem. Those few civil libertarians who think only of themselves made life very difficult at times, though. They'd purposely puff cigarettes and cigars, etc. in my face to see if I'd react. I should have either used my knees or thrown up on their shoes. (Lawyer)

### Accepting the Label of "Deviant"

The modern sociologist sees deviance as a matter of social definition. Thus, an individual is labelled "deviant" when some one perceives him "as departing from accepted norms, interprets [him] to be some kind of deviant, and influences others to regard [him] as deviant and to act on the basis of that interpretation" (Rubington and Weinburg, 1981:3). If his symptoms are to be alleviated, the ecologically maladapted individual must accept the fact that he is a deviant in our heavily industrialized society, in our society which values "wellness" above all (Rubenstein, October, 1982:28-37).

For the allergic individual, over-coming reservations about acquiring a deviant label is less of a problem than it might be, for example, to the individual with a PhD. in physics who decides he wants to sweep floors at Stelco for a living. Most ecologically maladapted people have already been labelled deviants. They've been labelled "crazy" by their doctors, their associates and their families. A book written by a



clinical ecology patient about his family's experiences before and after diagnosis says it all in its dedication:

This book is dedicated to the many people whose doctors think they are crazy. (Small, 1980).

These patients have been labelled lazy and impossible to live with:

I can remember my brothers and sisters complaining when I was younger, that I was too moody. I knew it was true but I couldn't help it. Whenever I would dust or vacuum, I would get a headache. My brother, who still doesn't believe I have allergies, would say I was lazy. (Patient)

Students may be labelled lazy, inattentive, stupid, and trouble-makers. A sixteen year old high school student whose marks fluctuated from failures to 90s - and some times in the same subject - who had a vicious temper and severe social problems and who routinely saw "little white things" floating all over the pages of her book in her first after-lunch class, had certainly been labelled.

Mothers are frequently blamed for their children's unexplainable medical problems:

And Dr. Jones had me going to a psychiatrist for discipline, to be able to discipline this hyper-active child, to get him to sleep through the night because the problem is all in my head, I'm a lousy mother. (Mother)

These people, when they finally seek a referral to a member of a deviant medical perspective, are unlikely to be deterred by the family physician's disapproval. They have nothing to lose in terms of reputation.

Their first meeting with the "deviant-perspective physician" is likely to be a pleasant surprise:

I found this man very kind and very helpful. It seemed no matter how weird I thought some of my problems were, he wasn't surprised, but rather said they were possible and often typical. (Patient)

These people discover that:

Deviance is contextual ... that what is labelled as deviant varies by social context, especially according to such conditions as society, sub-culture, time, place, who is involved and who is offended. (Conrad and Schneider, 1980: 7)

Virtually all the patients were impressed with the fact that this physician treated individuals, that he cared:

He cared about each person and he did each test individually and watched for a reaction. He didn't stick you in a room with a nurse and make fifty marks on your back and say come back tomorrow - I'll give you some medicine and you're going to be all better and if you're not all better, that's all we can do for you - too bad. (Mother and Patient)

Conversion to a deviant perspective, using the Lofland and Stark model, requires formation of an affective bond between the potential recruit and a member of the deviant group (Lofland and Stark, 1965:871). This requirement was usually met after that first visit, especially when immediate improvement in health occurred:

...and he slept that night - the first night in his entire life that he slept through the night. In years, in two years, I hadn't had a full night's sleep. ...I thought this guy was a genius. That's why I love him so much. (Mother)

In fact, these affective bonds may frequently verge on hero-worship. Certainly the stage has been set for the creation of a "delivering hero" image and role for the physician:

...one who comes in time of need to save people in danger or distress. ... a time of dramatic climax, in which the plight of the victim becomes as serious as possible before the hero enters. (Klapp, 1948:137).

The diagnosis of the problem, then, the removal of the stigma of mental illness, the hope of cure increases the patient's willingness to accept a "deviant" label. Even the testing procedure brings re-assurance:

To my surprise, after a few minutes each challenge summoned a familiar visitor - a symptom from the past. Headaches swelled and subsided, my nose filled and cleared, I slept and woke. All day long a flood of feelings surged through my body and mind. I had experienced them all a thousand times before, and had long since accepted them as a part of me.

.....  
That day turned out to be a day when everything falls together (Small, 1980:4).

Then comes the shock. When the physician begins to

prescribe treatment, blind panic sets in. My experience as a patient was not unusual:

I was panic-stricken. I felt as though my whole world had come to an end - or maybe crashed around my ears is a better term. I barely had the energy to breathe, how was I going to learn how to cook everything from scratch, how was I going to learn to cook without eggs and sugar and yeast and .... How was I going to find organically grown food and process it all myself? How was my husband going to react to this, because I couldn't do it alone? Virtually everything in the house had to go - from furnace to furniture. It would be beneficial to move to the country. Where was the money for this going to come from? And I was angry, "Why me?"

At this point some people flee: some never to return, others to come back after they've thought about it. Others just do what has to be done. The mother of a deaf and mute three-year-old said:

I just thought that anything that was going to help him hear and keep him hearing and let him be normal is worth it. (Mother)

Another patient suggested a reason for the difference in reactions:

I can't say I gave the rest much thought. If it had to be, it had to be. It goes to show you how sick I was. (Lawyer)

The key to continuity in treatment at this point is acceptance of responsibility for your own health and that requires a change in perspective. You must give up the socially supported notion that health is a right and accept the fact that your health is your responsibility.

I think it would be foolish to think that you can eat artificial dyes and flavours and expose yourself to all kinds of toxic acids and what not in water and foods and not pay a price for it. (Physician)

I think clinical ecology is diametrically opposed to what the government is interested in. The government is interested in cradle to grave and we'll look after you. Just put your trust in us and everything will be alright. (Psychiatrist)

Finally, the clinical ecology patient must accept the fact

that unlike many deviants, the medically deviant do not have an all-encompassing deviant community (as does the hooker, for example) which will provide friendship ties, vocational ties and continuing support for and rationalizations of the deviant perspective. (Prus and Irini, 1980:251-255). By and large, they live most aspects of their lives as solitary deviants in a hostile society, for while the professional care-giver may be trained to be empathic, "Mainstream society does not concern itself with being therapeutic" (Wiseman, 1979:227).

Continuity in this deviant life-style, then, requires that the individual become comfortable with his role of renegade (Becker, 1973:1-208), learn how to manage the stigma associated with being an outsider (Goffman, 1963:1-255) and accept the necessity of and learn the techniques of impression management (Goffman, 1959:1-255).

### Impression Management

The key to impression management is learning how to minimize the obtrusiveness of the handicap by learning the structure of the potential interactions (Goffman, 1963:104). For those forced to change their occupations, professional career counselling is essential. This is the quickest, easiest way to match the individual's interests, strengths and physical requirements to appropriate work interactions. One woman reported that she had trained as a machinist and found work in a company whose product required as "clean" an environment as did she.

Goffman's dramaturgical model of social interaction (1959:1-255) describes most accurately the form and the requirements of interactional sequences for the total allergy syndrome sufferer. Like the colostomy patient, he must never wander too far from a back-stage area, an area in which he cannot be watched by an audience, an area in which he can effect physical repairs. Like people confined to wheel-chairs, he spends far more time than do normals in that back-stage area. He learns to shop from a catalogue, use the telephone to communicate with friends and to do business. The ecologically sensitive individual learns to enjoy home-oriented activities.

Like all stigmatized people, the allergic person is most concerned about managing people's impressions of him when he is on stage or interacting with others. To this end he develops numerous impression management strategies. Like the stutterer he learns to use avoidance strategies to prevent embarrassment. The stutterer avoids situations in which the pressure for fluency is great; he establishes routines so that he can avoid as many unexpected encounters as possible (Petrunik, 1974:204-205). The allergic individual learns to avoid smoke-filled

rooms; he learns to organize his routine so that exposure to his worst allergens occurs close to a time at which he can retire back-stage. He learns, for example, to fill the car's gas tank on his way home from work, not on his way to work.

Almost all stigmatized people who are in a position to do so attempt to pass as normals because of the rewards inherent in being considered normal (Goffman, 1963:74). As it does for stutterers, epileptics and the colostomied, passing involves great risk for the allergic person for he never knows when he may be discredited by the appearance of symptoms. Furthermore, adaptive techniques developed to facilitate passing may cause hurt feelings and misunderstandings as happens, for example, if the allergic person begins to avoid an acquaintance because her perfume makes him ill. (Notes) The personal embarrassment when an attempt to "pass" fails, can severely diminish the joys of life:

I have let some great relationships go because I humiliated myself by throwing up on someone's floor or whatever and I was too embarrassed to ever go out with them again. (Lawyer)

A useful strategy in large groups involves passing in regard to the majority of people, but taking a small group into your confidence. My own work with adolescents was greatly facilitated by, and my front stage area greatly enlarged by, four teen-age girls in the group who routinely warned me if someone on a bus was wearing perfume or if someone in a restaurant was about to smoke, thus enabling me to use avoidance strategies. These girls routinely spoke to unknowing normals who entered the group about the code of no perfume, no cigarettes, and thus saved me from much discomfort; for, as the psychiatrist interviewed in this study so correctly surmised:

...one of the things that ... is most annoying is the constant need to explain why this or why that and often explaining it to unbelieving ears. (Psychiatrist)

Giving an account beforehand of what could happen in a situation and suggesting how the normals in the situation might behave is another management strategy quite useful to most stigmatized individuals. It breaks down the barriers. The individual has revealed his problem and made himself more human, he has given the normals a sense that they are important to him for he has taken their role and taken their potential feelings of embarrassment or helplessness into account. His consideration for their feelings is likely to predispose them to consider his (Petrunik, 1974:210). Occasionally, it is essential to forewarn people of the possibility of problems:

One of the biggest problems is I don't do well in public places ... any place where there's a lot of people. I get depressed in four or five minutes, burst into tears, get weak, and pass out. I don't go to a place like that unless I've told the people that this might happen and if it does, my oxygen is in the car ... and mostly people handle that quite well. (Patient)

This strategy eliminates the problem of audience stage fright, the fear that they will "unceremoniously be converted to performers", and fluff their lines (Lyman and Scott, 1970:175).

Preparatory accounting can backfire, however, and everyone will be intensely self-conscious and uneasy in the situation (Goffman, 1973:18). Here, humour is a useful tool, a method of role-distancing, or saying, "Don't take this situation too seriously." (Petrunik, 1974:210) Humour can be one of the best tools for dispelling tension about any stigma whether it be a stigma of body, character or tribe, provided, of course, that the stigmatized individual can be totally convincing in its use.

### The Importance of Networking

The gathering together of a group of people, a network, who understand the problems and the concerns of the stigmatized individual, who can offer not only practical help but also social and psychological support is of enormous value to the individual's self-image, for here he is normal:

I'll tell you what was probably the most super thing that happened to me and it was a group. And the parents would sit and talk and they would have speakers and they had meetings ... and it's nice to know that while they can't help you a lot, you at least know that you're not alone. And I picked up a lot; for instance, I was really worried about the prednisone thing and someone said, "I absolutely hate him when he's on that", and I thought, "Oh wow, she said it right out loud and that's super, because there's lots of times that I thought the same thing but I can't say it out loud because I'm his mother." (Mother)

To provide this support network for the ecologically maladapted, the Human Ecology Foundation of Canada was established and branches were set up in several Canadian cities.

Conclusion

The individual can view the diagnosis of "ecological disease" as a tragedy or as a fact of life which brings with it loss on the one hand and gain on the other. In other words, like most aspects of life, it presents a paradox. While ecological illness results in a restriction of physical, social and vocational mobility, it can also result in better health, greater energy, new friends and activities and, above all, greater understanding of the self, of other people, and of the nuances of social life. If environmental hypersensitivity is a stress disease, adopting a positive attitude toward the disease and learning how to manage its physical and social aspects will result in a dramatic lessening of the physical and psychological stress.

\*\*\*\*\*

This article is adapted from a paper submitted to the Sociology Department, University of Waterloo, May, 1982.

Bibliography

- Becker, Howard S. Outsiders: Studies in The Sociology of Deviance. New York: The Free Press, 1973.
- Blumer, Herbert. Symbolic Interactionism: Perspective and Method. Englewood Cliffs: Prentice-Hall, Inc., 1969.
- Charon, Joel M. Symbolic Interactionism. Englewood Cliffs: Prentice-Hall, 1979.
- Conrad, Peter and Schneider, Joseph W. Deviance and Medicalization: From Badness to Sickness. Toronto: The C.V. Mosby Co., 1980.
- Davis, Fred. Illness, Interaction and the Self. Belmont: Wadworth Publishing Company, Inc., 1972.
- Goffman, Erving. The Presentation of Self in Everyday Life. New York: Doubleday and Company, Inc., 1959.
- Stigma: Notes on the Management of Spoiled Identity. Englewood Cliffs: Prentice-Hall, Inc., 1963.
- Klapp, Orrin E., "The Creation of Popular Heroes", The American Journal of Sociology. 1948 (54): 135-141.
- Lofland, John and Stark, Rodney, "Becoming a World Saver: A Theory of Conversion To a Deviant Perspective", American Sociological Review. 1965 (30): 862-875.

- Mead, George M. Mind, Self, and Society: From the Standpoint of a Social Behaviorist. Edited and with an Introduction by Charles W. Morris. Chicago: The University of Chicago Press, 1962.
- Petrunik, Michael, "The Quest for Fluency: Fluency Variations and the Identity Problems, Management Strategies of Stutterers", Decency and Deviance: Studies in Deviant Behaviour, Jack Haas and Bill Shaffir (eds.). Toronto: McClelland and Steward Ltd., 1974.
- Prus, Robert C., "Labelling Theory: An Interactionist Perspective", Unpublished Paper, 1981.
- Prus, Robert C. and Irini, Stylianos. Hookers, Rounders and Desk Clerks: The Social Organization of the Hotel Community. Toronto: Gage Publishing Company, 1980.
- Prus, Robert C. and Sharper, C.R.D. Road Hustler. Toronto: Gage Publishing Company, 1977.
- Rubenstein, Carin, "Wellness is All", Psychology To-day. Vol. 16, No. 10 (October, 1982), pp. 28-37.
- Rubington, Earl and Weinberg, Martin S. Deviance: The Interactionist Perspective. Fourth Edition. New York: MacMillan Publishing Co., Inc., 1978.
- Small, Bruce and Barbara. Sunnyhill: The Health Story of the 80's. Goodwood: Small and Associates, 1980.
- Wiseman, Jacqueline P. Stations of the Lost: The Treatment of Skid Row Alcoholics. Chicago: University of Chicago Press, 1979.

### Public Lectures

- Dr. Donald Bastedo, "Children and Allergies", Human Ecology Foundation Meeting, St. Paul's United Church, Cambridge, Ontario, March 10, 1981.
- "Speech to the Waterloo Regional Lung Association Meeting", May, 1981.
- Dr. John Blair, "Stress and Allergies", Human Ecology Foundation Meeting, St. Paul's United Church, Cambridge, Ontario, March 2, 1982.
- Dr. Lendon Smith, "An Evening with Lendon Smith, M.D.", Sponsored by the Halton Hills Centre. Produced by Scott Sutherland and CKMS - FM.



## CLEAN - POTABLE - TOLERABLE - WATER

John G. MacLennan, M.D., F.A.C.A., F.S.C.E.

It is becoming progressively more difficult to find sources of water which are tolerated by the chemically susceptible individual. This is largely due to the large scale pollution of our oceans, rivers, lakes, and streams, with hundreds of different chemicals which are foreign to the body, by surface run-off and aerial contamination from industry, agriculture, herbicides, and forestry pesticide spraying. Pesticides are one of the commonest environmental toxic exposures that we encounter. Pesticides are not water soluble, are very persistent, and do not degrade easily. Pesticides which are used in heavy concentrations in certain parts of the world, may be carried on the upper air currents to distant parts of the globe and become a contaminant in the water and food supplies and the living organisms.

Other common intentional contaminants are chlorine and fluorine. The chlorine is added in order to prevent large scale epidemics of gastro-intestinal diseases in the general population. Prior to the use of chlorine, typhoid fever was frequently encountered and on occasion, it occurred in epidemic proportions and there were a large number of fatalities associated with this disease. Even in recent times there have been small epidemics reported, such as in Scotland, and on an ocean liner which was quarantined in Vancouver a few years ago. The addition of chlorine to the water not only controls the bacterial content, but it also forms a large number of organic compounds, because the chlorine so readily combines with organic materials.

Fluoride is an unnecessary contaminant that has not been fully proven to be more beneficial than it is deleterious to human health. There are many large urban centers throughout the continent who have decided that their populations were better off without the addition of this toxic material to their water supply. In the present context of increased chemical susceptibility in the general population, the presence of fluorides in our water supply acts as another added cause of ecologic disease. The original fluoride studies which were carried out in Brantford, involved the natural occurring calcium fluoride in the ground water. The fluoride which is added to our water systems is in the form of an acid, which is a poisonous chemical to both plant and animal tissue cells if present in sufficiently high concentrations. It destroys the enzyme systems which are so essential to a normal healthy cellular function.

All private water supplies should be thoroughly checked through the public health laboratories for possible bacterial contamination. If the source is an artesian or drilled well, which is located on a site which is protected from surface run-off, or is situated within a building, the water should be

safe and clean to drink. In this case, it does not have to be treated in any way for general consumption. Water filters must be considered with a great deal of caution because many of them will add further chemicals to water in an attempt to remove certain supposed or unseen contaminants, such as bacteria. However, a public health laboratory examination of your water supply should avoid the necessity for such equipment. Before accepting any water filter, it is important to run your own water supply through the filter and study your response to the consumption of the filtered and unfiltered samples. Where the water supply is grossly contaminated with sulphur or other obnoxious compounds, some people use rainwater for drinking and cooking purposes. However, one must be aware of the hazards of using this type of water because, like acid rain, the precipitation of water may carry atmospheric pollutants into the rain water supply. In this case, it may be necessary to install a charcoal water filter in order to remove, not only various chemicals from the water, but also any unusual tastes or flavours which may be present from organic material.

The mineral content of the water will vary with the sub soil or rocky strata from which the water is derived. Concentration of mineral salts is calculated as grains of hardness. In many cases, water softeners are installed in order to treat the water and make the mineral salts more soluble. Softening agent is a synthetic resin, which will serve to further contaminate the water supply and will adversely effect many chemically susceptible individuals. When a water softener is present in the house, a hard line of unsoftened water should be taken directly from the well to the kitchen, in order to by-pass the soft water line. The hard water line can be used for cooking and drinking purposes.

There are certain people who suffer adverse health effects from the consumption of heavily mineralized water. In these instances, it may be desirable to use a water distiller, which will remove many of the minerals. However, it is important to realize that the end product of the distilling process, or the distillate, is really no better than the water that goes into the distiller. If the source water is heavily contaminated with various chemicals and chemical compounds, many of them may be vaporized during the distilling process, and carried over as the steam recondenses into water. The still removes inorganic solids which may be harmful to certain individuals. When clean spring water is distilled, the end product will be clean and safe to use. Careful maintenance of the still is essential in order to avoid the growth of mould or bacteria.

The chemically susceptible individual must monitor the water supply very carefully and it is desirable to examine several sources in order to have a choice, should one source become contaminated in some way and not be well tolerated. Even water derived from springs in drilled wells may not be tolerated by all individuals equally.

## YOUR CANADA PENSION PLAN (CPP)

Marjorie R. Wilcox, R.N., B.A., M.Ed.

Canada Pension Plan pays a retirement pension, a disability pension, a lump-sum death benefit, a surviving spouse's pension, and a benefit for children of a deceased or disabled contributor. This article focuses on the disability benefits.

In order to collect a benefit from the Canada Pension Plan one must qualify as a contributor, or a dependent child of a contributor, or as a surviving spouse of a contributor.

Anyone between the ages of 18-70, who earns money from employment or self-employment, and whose earnings are in excess of the year's basic exemption (\$1400.00 in 1981) pays into the Canada Pension Plan and continues to pay as long as he works, until he reaches the age of seventy, or until he starts to draw a disability or retirement pension from CPP.

A person can find out if he has paid into CPP by requesting a "statement of earnings" via application forms available at a local (or the nearest) Income Security Programs Branch Office of Health and Welfare Canada. He will then receive a listing of earnings for each year since the inception of the plan in 1966. Any additional queries should be taken to the nearest Income Security Programs Office.

At present (1981) a person must have contributed to the plan for at least five of the last ten years plus one other year, to qualify for a disability pension from CPP.

Under the terms of the CPP Act, a disabled person is someone "who is incapable regularly of any substantially gainful employment". The qualifying disability may be physical or mental, exist for a long-continued but specific period of time or be of indefinite duration, it may also be such that it is likely to end in death.

There is no means test to the CPP disability program. A person could be drawing sick pay or disability pension from their employer and still qualify for the disability pension from CPP. There would be no reduction of the CPP disability pension because of the other pension(s). However, many private insurance plans through employers are reduced in part or total by the amount of benefits paid by CPP. For more information on the integration of benefits contact your employer or pension representative. This reduction in benefits also occurs in any provincial and/or municipal financial assistance you may now be receiving.

Once a person has been deemed to be disabled by CPP, he would draw a monthly benefit until such times as he is able to return to work, reaches age 65, or dies. When a person in receipt of the CPP disability reaches age 65, the disability pension is automatically converted to the retirement pension, effective the month after he reaches age 65.

Once a person has stopped work it is possible to apply for a disability pension. However, if you have been off work for more than a year but have not applied to CPP, then you may have lost some benefits, for the retroactive pay period is twelve months only. Since there is a three month waiting period, disability payments will commence at the earliest, four months after you have filed.

Some advantages of the CPP disability benefits are:

- (1) portable and payable anywhere in the world
- (2) there is no means test for CPP benefits
- (3) you can draw CPP benefits and a private pension also

Most CPP benefits are taxable. T4(A) P slips are issued each year to all beneficiaries who have received benefits in the previous year. These benefits are indexed and every January are escalated in line with increases in the cost of living.

#### Addendum

Being a beneficiary of a CPP disability pension actually protects your retirement pension. If you have been disabled for a number of years and have not taken advantage of this pension, there is a possibility that the amount of your disability or retirement pension will have decreased when you do take it out. By being on the disability pension for a number of years the amount of your retirement pension will be the same as if you had been in the labour force up to retirement. Up to a certain point, the more you earn and the longer you contribute, the more you draw in pension. But as mentioned earlier, a person must have contributed to CPP for at least five years of the last ten years, plus one other year. Otherwise the amount of the disability/retirement pension may be decreased. Please check with your nearest Income Security Programs Branch of Health and Welfare Canada regarding this if it is of concern to you.

\*\*\*\*\*

From a series of articles written in 1981 by C. Godfrey of the Income Security Programs of Health and Welfare Canada.

## RESOURCE QUESTIONNAIRE REPLIES

Resources not previously mentioned in former issues of H.E.F. Quarterly.

### Food Sources

- Vegetarian Restaurant, 542 Yonge Street, Toronto
- Hugh V. Johnston, R.R. 3, Walton, Ontario NOK 1Z0, (519) 887-6978  
(organic beef - sold by halves or quarters, cut and wrapped)
- Ed and Elizabeth Koekebakker, R.R. 1, Cookstown, Ont. LOL 110  
(organic beef - sides or quarters; vegetables in season; eggs) - have drop off points in Toronto
- Elmer L. Kuepfer, R.R. 1, Newton, Ontario  
(organic wheat - stone ground flour)
- Tony and Fran McQuail, R.R. 1, Lucknow, Ontario NOG 2H0  
(519) 528-6542 (goats, lamb and chickens - order ahead of time; vegetables, black currants, apples and cider in season)
- Riverlane Farms, P. & E. Nippa, R.R. 1, Lucan, Ontario  
(519) 227-4831 (organic beans, winter wheat, rye)  
-must phone first
- Wardcrest Farm, Eco Acres, R. Ward & Son, R.R. 1, Union, Ont.  
NOL 2L0 (519) 782-4347 (organically raised beef - sides or quarters; stone ground hard and soft wheat, triticale and rye flour, oat and wheat flakes, soybeans)
- Filsinger Natural Foods & Orchards, R.R. 3, Ayton, Ontario  
NOG 1C0 (519) 665-7763 (food store on their farm - eggs, fruits, vegetables, flours, etc.)
- Sun Spring Farm, Doug & Flo Huntley, R.R. 1, Thornton, Ont.  
LOC 2N0 (705) 436-4477 (baby beef - sides or quarters, by order; vegetables in season - organically grown)

### Gardening Supplies

- Perma Guard (volcanic ash) -controls cockroaches and other household insects
- Fossil Flower Natural Bug and Pest Control from Fossil Flower in Toronto, Ontario

### Soap

- Olde Tyme Soap (ingredients: coconut oil, spring water, sodium alkali, vegetable glycerine, lecithin)  
-handmade on an Ontario farm Note: it does not contain any colours, perfumes, talcs, sugars, phosphates or lathering agents.  
Order from: Bentley Springs Farm, R.R. 1, Wilno, Ont.  
KOJ 2N0

## RESOURCES      -cont'd

### Home Furnishings

Aluminum Blanket sold at Canadian Tire stores

Secondhand Quilts available from Barbara Mowat, Inglewood,  
Ontario LON 1K0

### Fabrics

Fabricland, outlets in Ontario; dyed poplin is untreated

### Clothing

I.O.D.E. Second Encounter Store, Orangeville, Ontario

### Caution

Black light to kill mould grow - there have been conflicting reports as to the safety of black light. More investigation needs to be done before we can recommend such use.

## RECOMMENDED AND/OR NEW BOOKS

New Series of Allergy Handbooks by G. Joy Underwood

- (1) Food Allergies: Diet Planning  
-basic guidelines, food families, testing, food allergens, sample menus and recipes. 1981 & 1982.
- (2) Food Allergies: More Favourite Recipes  
-general cooking tips, staples, substitutions, over 200 recipes. 1982.
- (3) Food Allergies: Common and Unusual Food Recipes  
-wild game, seafood, less known fruits and vegetables, cooking tips, 250 recipes. 1982.

For price list/book order form and some sample recipes, send 50¢ to: G. Joy Underwood, 1202-1175 Broadview Ave., Toronto, Ontario, Canada M4K 2S9.

Water Fit to Drink - a guide to the hidden hazards of drinking water and what you can do to ensure a safe, good-tasting supply for the home, by Carol Keough.  
Published by Rodale Press, Emmaus, PA. 1980.

Food Power - How Foods Can Change Your Mind, Your Personality and Your Life. By George Schwartz. McGraw-Hill, (\$4.95 in U.S. funds)

Resource Guide for the Food and Chemical Sensitive Person  
(\$3.00 + postage in U.S. funds) Order from H.E.A.L.  
Twin Cities Minnesota Chapter, c/o Bonnie Nugent,  
Editor, 4 Aspen Lane, St. Paul, MN 55110.

The Susceptibility Report - Chemical Susceptibility and Urea Formaldehyde Foam Insulation. (\$9.95 Can.) by Bruce Small. Deco Books. 1982. Available in U.S. and Can. stores.

RESOURCES QUESTIONNAIRE FOR ALL HUMAN ECOLOGY FOUNDATION MEMBERS

The following information will be compiled and used to assist newly diagnosed ecologically ill patients, and will also be made available to present members of the Human Ecology Foundation in a future Quarterly issue. We would appreciate your co-operation in making this venture a success. Mrs. Joy Underwood has volunteered to pull together this information, and would appreciate it if you would send your answers to her at the following address as soon as possible:

Mrs. Joy Underwood  
1175 Broadview Ave., Apt. 1202  
Toronto, Ontario M4k 2S9

1. Food Names and addresses of outlets selling organic, natural or less chemically contaminated products. Please include, if possible, exactly what items they sell that would be suitable for "allergy" patients.
- 
- 
- 

(continue on separate page)

2. Water What type of water do you use for (a) cooking, and (b) drinking (eg. filtered, tap, well, spring or mineral). Where do you obtain your water?
- 
- 

3. Clothing and Fabrics Names and addresses of wholesale and/or retail outlets where you purchase fabrics, yarns, clothing and shoes for the men, women and children in the household. Please indicate beside the name and address of each supplier the items sold.
- 
- 
- 

4. Home Furnishings Such items as upholstery, draperies, linens, lighting, furniture, (especially bedroom furnishings). Also air cleaners and other filtration devices, humidifiers, vacuum cleaner systems, etc. Please include names and addresses of sources, and again please note what each sells.
- 
- 
- 

5. Cosmetics and Toiletries What brands are used and where do you buy them?
- 
-

Questionnaire for HEF Members -cont'd

6. Cleaning Aids What do you use for cleaning of all kinds, and where can it be purchased?

\_\_\_\_\_  
\_\_\_\_\_

7. Building Supplies Names of products and suppliers for all building materials, equipment, and appliances you have found safe, e.g. heat pumps, electric heaters that do not fry dust, insulation, materials for roofs, walls, floors, cabinets, caulking, paints and other sealers, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Travel What items do you find necessary and/or helpful in making short or long trips around your home community and to and from more distant areas? For specific products, where can these be bought?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Gardening and pest control Please note any suggestions or tips you may have that would help others use non-toxic methods of gardening and pest control.

\_\_\_\_\_  
\_\_\_\_\_

10. Other Resources Anything else you have found helpful in dealing with the problem of ecological illness, for example: books, favourite recipes for allergic people, services and/or agencies where you feel good advice was obtained, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code

Telephone \_\_\_\_\_





ORGANICALLY GROWN  
FRUITS AND VEGETABLES  
YEAR-ROUND

2 BLOCKS NORTH OF ART GALLERY  
20½ BALDWIN TORONTO 979-1777



## THE ECOLOGY CENTER

"Health Care Facilities"

Health Maintenance and Restoration  
Outpatient Clinic  
Laboratory  
Environmental Care Unit

213/793-0633

127 NORTH MADISON AVE.  
SUITE 215 • PASADENA, CA 91101

### *Specializing in Clean Air*

- PORTABLE AIR CLEANERS
  - CHARCOAL FILTERS AND FRAMES
  - PERMANENT WASHABLE FILTERS
  - BULK CHARCOAL
  - AIR DE POLLUTION UNITS
- FOR HOME AND CAR

### *Frank Simpson Supplies Limited*

9 PRINCESS COURT • DUNDAS, ONTARIO L9H 3Z2  
(416)-627-3895

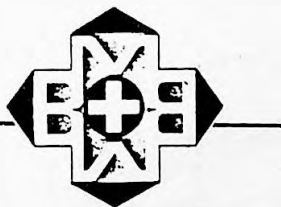
## NELMS OPTICIANS

"For everything in sight"

141 LAURIER AVE. W., STE. 604  
OTTAWA, ONTARIO

JOHN H. NELMS  
(613)-236-0436

24 hr. service  
**755-6750**



### **BURROWS MEDICAL OXYGEN**

843 O'Connor Drive, Toronto M4B 2S7

*Your ad here*



### *Simply Cotton*

788 KING ST. W.  
TORONTO, ONT.  
(416)-368-4978

FUTONS, YOGA MATS  
ZABUTONS, ZAFUS

DIANE BEZAIRE

DEBRA WOODS

### *Good Luck H.E.F. Canada*

ALLERGY LAB SERVICES LTD.  
PEGGY GREEN, R.N., PRES.  
103-1311 CENTRAL AVE.  
PRINCE ALBERT, SASK. S6V 4W2

*Consultant*

R. GLEN GREEN, M.D., C.M.

764-8773

763-6121

### *Pure Water Distillers Limited*

284 EMPRESS AVE.  
WILLOWDALE, ONT M2N 3V3

DISTILL YOUR OWN WATER FOR  
AS LITTLE AS 15¢ PER GALLON

IN-HOME DEMONSTRATION  
AND FREE WATER TEST

ROY SHAW

221-1404

*Nutrient Approaches  
to Ecological Illness  
Write or Call  
for Information*

## ALLERGY RESEARCH GROUP

### NUTRI-COLOGY, INC.

2336-C STANWELL CIRCLE  
CONCORD, CALIFORNIA 94520  
(415) 685-1228

STEPHEN LEVINE, Ph.D.  
Director of Research

SUBSCRIPTION FORM - The H.E.F. Canada Quarterly

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code

I am enclosing a \_\_\_ cheque \_\_\_ money order for \$15.00 to cover one year's membership in the Human Ecology Foundation of Canada.

(optional) In addition, I am enclosing a donation of \$ \_\_\_\_\_ to further the purposes of the Foundation. (All donations are tax-deductible as charitable donations.)

\*\*\*\*\*

Head Office

The Human Ecology Foundation of Canada,  
P.O. Box 601,  
Dundas, Ontario, Canada,  
L9H 5G1

Branches

Human Ecology Foundation (Hamilton),  
P.O. Box 4490, Station D,  
Hamilton, Ontario, Canada,  
L8V 4S7

Human Ecology Foundation (Kitchener),  
11 Drew Avenue,  
Cambridge, Ontario, Canada,  
N1S 3R2

Human Ecology Foundation (Ottawa),  
P.O. Box 11428, Station H,  
Nepean, Ontario, Canada,  
K2H 7V1

Human Ecology Foundation (Toronto),  
65 Dolly Varden Blvd.,  
Scarborough, Ontario, Canada,  
M1H 2K2